			MAK	440	STATE DEPA		E OF DE					4393 <b>64</b>
)	1, P	LACE OF DEATH	Careline		MARY	(LAND 2.	USUAL RESIDENCE O. STATE	E (Where deceo	sed lived. If institution b. COUN	TV	relin	
	t	CITY OR TOWN RURAL and give	(If outside corporate I	limits, write	c. LENGTH OF STAY		c. CITY OR TOWN			RURAL ond		fown)
00	(	I. NAME OF HOSP OR INSTITUTION	TTAL (If not in hospito)		oddress)	1	d. STREET ADDRE				4.	S RESIDENCE ON A FARM?
	[	IAME OF PECEASED Type or print)			Middle		Lost	4. DATE OF DEAT		lonth	Doy 1958	Year 19
	5. \$	Fem.	6. COLOR OR RAC	WIDOWE	NEVER MARRI		et. I7,	1898	9. AGE (In year last birthdo)	rs IF UNDE Manths		UNDER 24 HRS ours Min.
		houses	rking life, even if retir	rk done 19b. ! red)	KIND OF BUSINESS C		Carel	ine Co			TIZEN OF V	HAT COUNTR
I	13	TATHER'S NAME W1	lliam J.	Ever	ngan	1	Mary	J. Ted	d			
	15. (Yos.	MAS DECEASED EV	ER IN U. S. ARMED F	of service)	SOCIAL SECURITY NO		mant M.	Adams		ddress	ure.	Mal
				couse per lin	ne far (a), (b), and (c).	]					INTERY, ONSET	AL BETWEEN
	TION	PART I. Di 155.1 Conditions, if gove rise to couse (a), stating lying couse last	ATH WAS CAUSED BY IMMEDIATE CAUSE DUE only, which immediate at the under-	couse per lin Y: Car TO (b) TO (c)		f the	Gell B	ladder			INTERY, ONSET 6 m	AL BETWEEN AND DEATH
0		PART I. Di	ATH WAS CAUSED BY IMMEDIATE CAUSE DUE only, which immediate at the under-	couse per lin Y: Car TO (b) TO (c) ONDITIONS C	e far (a), (b), and (c).	f the	Gall B	ladder	ASE CONDITION (		INTERY, ONSET 6 M	AL BETWEEN AND DEATH O
0	MEDICAL CERTIFICATION	PART I. DE  / 5 5. / Conditions, if gove rise to couse (a), stolin, lying couse last  PART II. O  20a. ACCIDENT V  OR CONTRIBUTIN (IF EITHER, NOTIF	ATH WAS CAUSED BY IMMEDIATE CAUSE  ONLY, which immediate go the under. DUE  THER SIGNIFICANT CO  TAS UNDERLYING GO CAUSE OF DEAT Y MEDICAL EXAMINED  IRY Month, Doy,	couse per lin Y: Car TO (b) TO (c) DNDITIONS C (H) Yeor 20d. IN While	e far (a), (b), and (c).  CINOMA O	f the	Gall B	Ladder  TERMINAL DISEA  Try in Port I or P.  form, 20f. (C.	ASE CONDITION ( or) If of item 18.) ity or town)	GIVEN IN PAI	INTERV. ONSET 6 m  RT 1(o) 19. 19. 19. YE	AL BETWEEN AND DEATH O  VAS AUTOPSY ERFORMED? S NO (State
0	MEDICAL CERTIF	PART I. DE  Conditions, if gove rise to couse (a), statin, lying couse last  PART II. O  20a. ACCIDENT V  OR CONTRIBUTIN (IF EITHER, NOTIF 20c. TIME OF INJU- Hour o. m p. m	ATH WAS CAUSED BY IMMEDIATE CAUSE  DUE  ony, which immediate go the under.  THER SIGNIFICANT CO  TAS UNDERLYING GO CAUSE OF DEAT Y MEDICAL EXAMINET  IRY Month, Doy,	Couse per lin Y: Car TO (b) TO (c) DNDITIONS C (r) Year 20b. DESC (r) Year 20d. IN While at work the decease	CONTRIBUTING TO DEA	f the  ATH BUT NOT  CCURRED. (E  200. PLACE factory.	Gall B	TERMINAL DISEA ry in Port I or P. form, 20f. (C.	ase condition of the text of t	Sthat {	RT I(e) 19. P	VAS AUTOPSY ERFORMED?  (State the deceas
0	MEDICAL CERTIF	PART I. DE  Conditions, if gove rise to couse (a), stating lying couse last  PART II. O  PART II. O  CONTRIBUTIN (IF EITHER, NOTIF HOUR O. m p. m.  21. I certify alive an ADI  ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)	ATH WAS CAUSED BY IMMEDIATE CAUSE  DUE  ony, which immediate go the under of the un	couse per lin Y: Car TO (b) TO (c) DNDITIONS C  (r) Pear 20d. IN While at work the decease	CONTRIBUTING TO DEA	T the  ATH BUT NOT  CCURRED. (E  20e. PLACE factory.  21  death ac	Gall B  TRELATED TO THE  Inter nature of inju  OF INJURY (Home, street, office bldg	TERMINAL DISEA  Ty in Port I or P.  form. 20f. (C.  ADTIL  OA. M. fro  ADDRESS	ase condition (and its or town)  23, 150  am the cause (Street, city or town)	Bthat { and an in, state)	RT I(e) 19. P	AL BETWEEN AND DEATH O  WAS AUTOPSY ERFORMED? S NO (State
0	oct of the oct of the oct of the oct of the oct	PART I. DE  Conditions, if gove rise to couse (a), statin lying couse last  PART II. O  20a. ACCIDENT V OR CONTRIBUTIN (IF EITHER, NOTIF Hour o. m p. m.  21. I certify alive an ADI  ACTUAL SIGNATURE  PHYSICIAN'S	ATH WAS CAUSED BY IMMEDIATE CAUSE DUE only, which immediate of the under. DUE of the under. THER SIGNIFICANT CO.  AS UNDERLYING DEATH OF THE UNDERLYING DUE ON	couse per lin Y: Car TO (b) TO (c) DNDITIONS C  (r) Year 20b. DESC (R) Year 20d. IN While at work the decease The	CONTRIBUTING TO DEA	T the  ATH BUT NOT  CCURRED. (E  200. PLACE factory.  21  death ac	Gall B  TRELATED TO THE  Inter noture of inju  OF INJURY (Home , street, office bids  curred a	TERMINAL DISEA  Ty in Port I or P.  form. 20f. (C.  ADTIL  OA M. fro  ADDRESS  Dent C.  22d. LOC	ase condition (or ill of item 18.) ity or town)  23, 150 am the cause: (Street, city or town)  Ation (City, town)	Bthat } and an fin, state)	(County)	VAS AUTOPSY ERFORMED?  (State the deceas

A Line of .L. , Attaches to make . Spect pop 450-051 BUREAU V. & 8361 88 A9A

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 04394 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Rea. Dist. No. HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. COUNTY files. Heolth, Caroline o. STATE b. COUNTY Maryland Caroline MARYLAND b. CITY OR TOWN (If outside corporate limits, write EURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) and give negreal fown? Rural Ridgely Rural Ridgely d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? Boar None YES NOTE None 3. NAME OF Middle Lost 4. DATE Month Year DECEASED Robert OF DEATH Bellamy (Type or print) 4 19 58 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYPAR IF UNDER 24 HES Male Col. Months Hours No record WIDOWED T DIVORCED [ abour 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life even if retired) None North Carolina U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Will Bellamy No Record 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Yes or unknown William Dudley th Maysville. N.C. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY buriol-transit IMMEDIATE CAUSE (o) 929.8 Office DUE TO Conditions, if ony, which gove rise to immediate couse DUE TO (a), stating the underlying cause fost. 0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? NO V 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING TO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY 20f. (City or lown) (County) (State) fectory, street, office bldg., etc.) Not while of work of work 21. I certify that I took charge of the remains described above, held on Autopsy 10. Inspection X Inquiry and in my opinion death resulted from: Natural couses . Accident . Suicide . Undetermined monner Homicide . designoted ACTUAL DATE SIGNED DIR SIGNATURE of ASSISTANT MEDICAL EXAMINER EXAMINER'S should FUNER NAME (Type) DEPUTY MEDICAL EXAMINER Dawson O. George 220. BURIAL CREMATION, 226. DATE THEREOF 122c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote REMOVAL (Specify) 0 **EUNERAL DIRECTOR'S SIGNATURE**

DATEAD

MEDICAL EXAMINER'S CERTIFICATE OF PRATE

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

MAGE

04395

Reg. Dist. Na.

1. PLACE OF DEATH	Caroline	2 0	MARYLAN	A STATE	Mary Land	osed lived. If Institution b. COUNT			nission)
b. CITY OR TOWN (I	l eutride corporate limits, write leralsburg	e RURAL	5 hours	c. CITY OR 1	Hurlock	orperote limits, write	RURAL and gi	ye neorest to	own) /
d. NAME OF HOSPIT		If not in hos	pital, give street address)	d. STREET AL	DDRESS			ON	RESIDENCE I A FARM?
3. NAME OF DECEASED (Type or print)	Will		Middle Francis	Carrow	4. DATE OF DEATE	Mont April			Year 1958
Male	White	WIDOWED		June 30,		9. AGE (In years lost birthday) 57 yrs.	Manths Day		Min.
Chief Rate	ON (Give kind of working life even if retired)		IND OF BUSINESS OR INDU Vice Trucking			country) Anne, Md.		OF WHAT	COUNTRY
13. FATHER'S NAME Hugh	nett K. Car	row.		14. MOTHER'S M	aiden name eret Reyi	nolds			
15. WAS DECEASED EV	FR IN U. S. ARMED FO	(anning)		Mrs. Mary	F. Carro	Address W, Hurloc		land	
	diote couse	Co		acch	usion			INTERVAL BETWONSET AND DE	ules .
CATIO		DITIONS CO	NTRIBUTING TO DEATH BU	NOT RELATED TO T	HE TERMINAL DISEA	ISE CONDITION GIV	EN IN PART 1		AUTOPSY ORMED? NO
200. EXTERNAL CAL PRIMARY 0 or CO CAUSE OF DEATH. 20c. TIME OF INJU Hour	RY Month, Day, Ye	or 20d. II	Not while fo	(Enler nature of inju LACE OF INJURY (Hactory, street, office b	ome, form, 120f. (C		(County	')	(State)
	_	couses R	orge	uicide, Ho M.D. CHIEF ME ASSISTAN		VER 🖸		Α	find the
220. BURIAL CREMATIC REMOVAL (Specify BUT 18.1	April 13	,1958	22c. NAME OF CEMETERY OF Spring Hill	emory Gar	rdens	ATION (City, town, Hebron, 1-1	or county) ary Land	(Sto	te)
J. J. Frampto	ers signature om and Son,	Feder	alsburg, Mary	rland	RAG. REC'D BY REGI	1	STRAR'S SIGNA	ATURE	

VS. A15ME(5) 5M 9/55

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10 HOSPITAL OR ATENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours of regents. Page 4 may be retained be hospital or altending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon, papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death.

VS A15 (4) 15M 10/57

ARYLAND	STATE	<b>DEPARTMENT</b>	<b>OF</b>	HEALTH-BALTIMORE,	18
4.4	00				

**CERTIFICATE OF DEATH** 44"b

04396

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	Ca roline	е	MARYL	AND	2. USUAL RESI	71.0	yland	lived. If institution b. COUNTY	on: Reside	nce befo	ne odmiss	ion)
b. CITY OR TOWN RURAL and give to Greens		s, write	4 Yrs.	N 1b	c. city or	_	utside corpor	ote limits, write I				1
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, g		address)		d. STREET	DDRESS	None					IDENCE FARM? NO KI
3. NAME OF DECEASED (Type or print) (	Clara	_	ephine	De	nny	st .	4. DATE OF DEATH	Mar 4	nth	10	,	Year 19 58
5. sex Female		7. MARR	NEVER MARRIED DIVORCED	-	9/6/18	н 380		9. AGE (In years last birthdoy) 77 yrs.	IF UNDE	Doys	IF UNDE Hours	
Houseke	ON (Give kind of work of king life, even if retired) BPCT	Ione 10b.	None	INDUS	Mar	yland		untry}		IZEN C		COUNTRY
Wil	liam H. De					allie		inner			13	
15. WAS DECEASED EV	ER IN U. S. ARMED FOR (II yes, give war or dates of se	CES? 16. evice)	None		Harry 1	Denny	Wy	e Mills		ary.	land	
			General		ronic					INT	ERVAL BE	DEATH
Couse (o), stoting lying couse lost.  PART II. OT	the <u>under.</u> DUE TO (c) HER SIGNIFICANT CONI	DITIONS C							/EN IN PAI	RT 1(0)	PERFO	AUTOPSY PRMED? NO
and	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINERS RY Month, Doy, Year		Not while	20e. PLA	O. (Enter nature of the control of t	Home, form,	20f. (City		(	(County)		(Slote)
alive anA	Charles H	5/0		deoth		11 P	ADDRESS (Si	10, 158 the couses of the couse of the c	ond on t		te stote	decease ed above ATE SIGNE 58
220. BURIAL, CREMATIC REMOVAL (Specify Burial	0N, 226. DATE THEREO	8	Centervi					ion (City, lown, tervil		Mar:	(Store	,
23 FUNERANDIRECTOR	erilais.	Gr	ADDRESS	0	Nd.		BY REGISTI	RAR 24b. REGI	STRAR'S SI		R.F	

A MARRUA 8367 PT 848 : BECENALE Page

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

04397

o. COUNTY CE	roline	44.1.1	MARYL		2. USUAL RESIDENCE (V		sed lived. If institu b. COUNT				ission)
and give nearest to		e RURAL C	Full Li		c. CITY OR TOWN (II	outside cor	parate limits, write	RURAL o	nd give i	neorest to	own)
	ralsburg,	If not in hospite	2		d. STREET ADDRESS	erals	burg, E	F	. D.	e. IS F	ESIDENCE A FARM?
NAME OF DECEASED (Type or print)	Relan		Middle Wright	]	Hanceck	4. DATE OF DEATH	Mont	ril	Doy 9	-	] NO [ 195 8
sex Malc	6. COLOR OR RACE White	7. MARRIED	NEVER MARRIED	194	ept 9, 18	99	9. AGE (In years lost birthday) 58 yrs.	Months Months	Days	IF UND	Min.
during most of worl	FION (Give kind of work king life, even if retired)	-	D OF BUSINESS OR IN	VDUSTRY	III. BIRTHPLACE (Stote	2	country)	12. C			COUNTR
3. FATHER'S NAME				1	4. MOTHER'S MAIDEN N	IAME					
	Liam D . Ha				Annie Wri	ght					
PART I. DE 4 20. / Conditions. if		Car	onary	21	sombo	is a	toute		70	w /	unu
gove rise to imm (a), slating the couse lost.  PART II. O	> CILLY YOU	)	RIBUTING TO DEATH	BUT NO	T RELATED TO THE TERM	NAL DISEAS	E CONDITION GIV	EN IN PA	ART I(a)	19. WAS PERFO YES []	AUTOPSY DRMED? NO
PART H. O	THER SIGNIFICANT CON  AUSE WAS ONTRIBUTING   20	). IDITIONS CONT  Ob. DESCRIBE H	OW INJURY OCCURR	ED. (Ent	er nature of injury in Por	lior Part II	of item 18.)	EN IN PA	ART I(a)	PERFO	DRMED?
(a), slating the	URY Month, Doy, Yes	). IDITIONS CONT  Ob. DESCRIBE H	OW INJURY OCCURR  URY OCCURRED 20e  Not while	ED. (Enh		) f or Part II	of item 18.)		ART 1(o)	PERFO	DRMED?
Cal, slating the course fort.   PART II. O	URY Month, Doy, Yes	Ditions continued by Describe H	OW INJURY OCCURRED 206 Not while of work on noins described uses . Accide	PLACE factory	OF INJURY (Home, form, street, office bldg., etc.	20f. (Cit)  20f. (Cit)  Hamicide  AMINER	of item 18.)  r or town)  Inspection X,  Undete	lnqu	County)	PERFC YES O	NO X

TO DEPUTY MEDIC\* (EXAMINER: This certificate should be exacted within 24 hours after death. If any deloy is never bloose execute the certificate withing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral of yor. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to buriol, cremation, or remaval, and in lang event within 72 hours ofter death. VS. ALSME 5M 2/57

THE ARTHUR ASSESSMENT OF THE ARTHUR AND THE ARTHUR

BUREAU V. S.

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	No.	1	۲
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	PLACE OF DEATH g. COUNTY						2. USUAL RESID	DENCE (Whe	ere decease	d lived If inst		Residence	befare c	odmission	)
	Caro	line			MARYL	AND	Ma	arylan	ıd	b. COOI	41.1	Caro]	line		
	b. CITY OR TOWN (If RURAL and give near		ts, write	c. LENG	TH OF STAY II	N Ib	c. CITY OR T	OWN (If ou	tside corpo	rate limits, wri	le RURA	L and give	e riegres	t town)	
	Denton	iresi iuwiiy		25	yrs		×	Den	iton						
	d NAME OF HOSPITA	L (If nat in hospital, ç	ive street	address)			d STREET A			-			e.	S RESID	ENCE
	Main	St.						Main	St.					ES   I	
	NAME OF DECEASED (Type or print)	Fir NEV		A	Middle J(	ONES	Losi		4. DATE OF DEATH		Manth Lpr.	12,	Doy	Yes	50
5.	SEX	6. COLOR OR RACE	7. MARR	IED 👪 N	EVER MARRIED		DATE OF BIRTH	4		9. AGE [In ye		UNDER 11			
	Female	Thite	WIDOW	0 🔲	DIVORCED		Dec. 15	188	Q	68	yz   Mi yes.	onths Do	ays H	OUTS	Min
100	USUAL OCCUPATION	4 (Give kind of work	done 10b.	KIND OF	BUSINESS OR	INDUS						12. CITIZE	N OF V	VHAT CO	DUNTRY?
	Housewife	ng life, even if retired	,				Mar	vland				11	S.		
13.	FATHER'S NAME						14. MOTHER'S					0.	, 0 .		
	Caama	a E Bahi													
15	Georg WAS DECEASED EVER			COCIAL SI	ECURITY NO.	112 HA	FORMANT	ne Wil	LIS		Address				
(Ye		yes, give wor or detec of a		SOCIAL SI	ECUKITI NO.										
						0	liver Jo	nes		Do	nto	n, Mo	1.		
	18. CAUSE OF DEAT					3						_	INTERY	AL BETW	EATH
		H WAS CAUSED BY: IMMEDIATE CAUSE (o	G	ron	ary o	SCTI	islon					fer	L.W.	Hat	es
	4000	DUE TO													
	Conditions, if an	y, which ) (b	, Co:	cona	ry scl	Lero	osis an	d hy	pert	ension		ì	6	yrs	
	gove rise to im	mediate (													
	couse (o), stating the lying cause lost.	le under-													
ž	PART II. OTHE	R SIGNIFICANT CON		ONTRIBU	TING TO DEAT	H BUT I	NOT RELATED TO	THE TERMIN	IAL DISEAS	E CONDITION	GIVEN	IN PART 1	(a) 12. 1	WAS AU	TOPSY
ICATIC												.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	F	ERFORM	IED?
MEDICAL CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING [ (IF EITHER, NOTIFY A	UNDERLYING  CAUSE OF DEATH	20b. DESC	CRIBE HOV	W INJURY OC	CURRED	(Enter nature of	injury in Po	ort I or Por	t II of item 18.					
K	20c. TIME OF INJURY		nc 20d In	JURY OC	CUPPED 12	Om Pt A	CE OF INJURY (	James form	206 (Cit	an town)		100			104-4-1
ă	Hour a. 31,		While	Nat	while	fact	ory, street, office	bldg., etc.)	201. (Cit)	or townj		(Cou	nty)		(State)
×	p. m,	19	at worl		Person				1						
	21. I certify the	it I attended the	deceas	ed fram	April	5	<u>, 1952</u>	, to Ap	ril	12 , 19 <sup>th</sup>	8	nat I las	it saw	the de	ceasec
	alive on Apr		12 <sup>D?</sup>				occurred at.								
	_		, .	X	7/					treet, city or to			-0.0		SIGNED
	ACTUAL SIGNATURE	St and	1_/	m	110	N	l.D								
	PHYSICIAN'S NAME (Type)	E. Paul Kn	otts				1	enton	, Md.		The star species are:				
220	BURIAL CREMATION	, 22b. DATE THEREC	F		ME OF CEMET				22d. LOCA	TION (City, law	n, or co	aunty)		(Stote)	
	REMOVAL (Specify)	Apr. 15,	1958	Sp	ring Hi	ill	Cemetery	7	Ea	ston, 1	lary	land			
23.	FUNERAL DIRECTOR'S	SIGNATURE NEW Nam 8	Son		RESS ISCON,			24as REC'D		RAR 24b. R	GISTRA	R'S SIGN	ATURE		
								DATE	-	M F i lu	mi a	8.			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained the hospital ar attending physician.

The FUNERAL DIRECTOR After this certificate has been signed by the attending physician and campletely filled in by Ingreneral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the registror prior to burial, crematian, ar remaval, and in any event within 72 haves after death. VS A15 (4) 15M 9/55

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### **CERTIFICATE OF DEATH**

1119

	_			<u> </u>							Keg. Disi	. 140.	
	1. \$	PLACE OF DEATH	Carol:	ine	MARYL	AND	2 USUAL RESI	dence (wh	ere deceased and	lived. If instituti b. COUNTY	Carol	before od	mission)
	R	RURAL and give no UTAL GI	If outside carporate limit earest towel ECISDOPO	s, write	45 Yrs.	v 1b	e. city or Rural	town (# o L Gre	ensbo	ote limits, write R	URAL ond gi	ve negrest	tawn)
		OR INSTITUTION	TAL (If not in hospital, g	one	address)		d STREET A	DDRESS	None	)		e. IS O YE	RESIDENCE N.A. FARM?
		NAME OF DECEASED Type or print)	Elizabe		Agnes		Kible		4. DATE OF DEATH	Mo		Day	Yeor 1958
		emale	White	WIDOWE			4/11/:	1870		AGE (In years last) hidoy) yrs.		YEAR IF U	NDER 24 HRS urs Min
	100	Housewij	ON (Give kind of work d king life, even if retired) CE	one 10b.	KIND OF BUSINESS OR None	INDUS		ACE (Stote of		intry)		S.A.	HAT COUNTRY?
	13. 1	FATHER'S NAME	James C	arey	7		14. MOTHER'S	MAIDEN N		zabeth	Roul	ce	
	15 (Yes,		R IN U. S. ARMED FORG	mulant.	social security no. Ione		FORMANT argare	t Car	ey C	reensb		Mar	land
_			ATH [Enter only one country was CAUSED BY: IMMEDIATE CAUSE (a)			Chr	ohic M	VOCRE	oditi:	3			L BETWEEN
	)	422.1 Canditions, if a	DUE TO							osclero	giq		
		gave rise to i couse (a), stoling lying cause last.	mmediate ( Duc To							<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	- C- L-		
3	ATION	PART II. OTI	11		Channel of				NAL DISEASE	CONDITION GIV	EN IN PART	) PE	RFORMED?
	CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER	206. DESC	Chronic CRIBE HOW INJURY OCC	CURRED	(Enter nature a	S If injury in P	art I ar Port	II of item 18.)		1 103	Поп
	J	20c. TIME OF INJUR Hour a. 11. p. m.		While	JURY OCCURRED 2 Not while of work	0e, PLA fact	CE OF INJURY ( ory, street, affice	Home, farm, s bldg., etc.	20F (City o	or town]	(Co	ounty)	(Stote)
			at I attended the	decease	ed from Jan.		. 19 <u>58</u>	, to Ar	ril f	19_5	Shat I lo	ast saw t	he deceased
		ACTUAL SIGNATURE	Wen NL	11		leain			ADDRESS (Stre	et, city ar town,	state)	e date si	DATE SIGNED
1		PHYSICIAN'S	Charles H.	-	confer			eensr	oro,	Maryla	nd	4/9/	58
	22a.		N. 226. DATE THEREO		nesifer. ]	ERY OR			22d. LOCATR	ON (City, tawn,	or county)	(	State)
	F	Burial	4/10	/58	Holy Cre	oss			Green	asboro.	Mar	ylan	3.
	23/	UNERAL DIRECTOR	S SIGNATURE	Yr	ADDRESS Renn Croze	-	Wel.	24a. REC'D	BY REGISTR		STRAR'S SIGN	1	
	===												

OSGET TO SELECTION OF THE PROPERTY OF THE PROP

CHEEAU V. S.

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	4410 CERTIFI	CATE OF DEATH Reg. Dist. No.
	PLACE OF DEATH O. COUNTY MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  o. SETTE  b. COUNTY  Audious
	b. CITY OR VOWN (If outside corporate limits, write RURAL and give neo-	c. CITY OR TOWN (If outside corporate timits, write RURAL and give negrest lown)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES \( \bigcircle{1}\) NO \( \bigcircle{2}\)
3	NAME OF DECEASED (Type or print) WFLLDAM THOM	+S LAYTEN 1. DATE OF DEATH AMOUNT. DOY YEAR 21 1958
	SEX 6. COLOR OR RACE 7. MARRIED [ NEVER MARRIED [ WIDOWED ] DIVORCED [	OKLY 7, 1888   last birthdoy] Months Doys Hours Min
	Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  AUTO	DUSTRY 11. BIRTHPLACE (Stole or foreign country)  MARY LAND  12. CITIZEN OF WHAT COUNTRY  MARY LAND
	FATHER'S NAME FLIDAM LAYTON	LANDE JONES
	WAS DECEASED EVER IN U. S. ARMED FORCES?  [If yes, give wor or dotes of service)  [If yes, give wor or dotes of service)	Mrs. W. T. Laylon, Denton, ke
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Crilas Resul Discose Interval Between ONSET AND DEATH
	Conditions, if any, which (b) Acaleste  gave rise to immediate	milletes 24m-
l.	touse (a), stating the under- but to Hangnine	7 feet - 6mos -
ICATE		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?  YES \( \sigma \) NO \( \sigma \)
1 CHPTIENCAT		RED. (Enter noture of injury in Part I or Port II of item 18.)
MIDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. Have e. gr. p. m. 19 of work of work	PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.)
	21. I certify that I attended the deceased from /2 4	1954 ta 4-21, 1958, that I last saw the decease of the accurred at 8,22,6M, from the causes and an the date stated above
l	ACTUAL SIGNATURE DAYSON & GEORGE	ath accurred at X22 D. F.M., from the causes and an the date stated above ADDRESS (Street, gity or town, Hote)  DATE SIGNED  M.D.
	PHYSICIAN'S DAWSDHO. GROPS	cl.
	REMOVAL (Specify)  THE STATE OF CEMETER  THE	OR CREMATORY 22d. LOCATION (City, Jown, or county) (Stote)
23	FRINERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRESS	DATE APR 3 0 158 Williams SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained the hospital or attending physician.

TO FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by forestor. page 3 should be detached for use as the burial-transit permit. Then please remake carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar remakal, and in any event within 72 hours ofter death.



8361 08 AqA



# FOR STATE HEALTH DEP Files. Health, TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If any delay is revecte the certifier, writing the ward "pending" in pendit in Item, 18. Give Pages 1, 2, and 3 to the funeral 4 should be far exceed to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained TO FUNERAL DIRECTOR: Page 3 should be used as a barial-transit permit. File pages 1 and 2 with the State 8 or its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after death.

VS A15ME

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

04401

		1 1			K	eg. Dist No.
PLACE OF DEATH	Caroline	MARYLAN		(Where deceased livyland		Residence before admission)
Goldsbo	outside corporete im is, write RURi	c. tength of stay in it		(If outside corporate Goldsbot		At and give nearest town)
d. NAME OF HOSPITA	L OR INSTITUTION (if not	in hospital, give street address)	STREET ADDRESS			e IS RESID N F
	None	and the same of th	_ No	ne		YESE NO
3. NAME OF DECEASED (Type or print)	Lawrence	Earl	Roe	4 DATE OF DEATH	Month 4	2 19 58
Ma le	TTT3. 2 4	MARRIED NEVER MARRIED DIVORCED	7/9/1937	20	hardhaland	INDER LYEAR IF UNDER 24 IVES
during most of working	g life, even if retired)	None	Delawa		7)	2. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER S NAME			14 MOTHER'S MAIDEN	NAME	· · · · · · ·	
	No Record			Katie 1	Roe	
15. WAS DECEASED EVE Yes, no or unknown)	R IN U. S. ARMED FORCES		Betty Kinn	amon G	Address	o, Maryland
Conditions, if on gove rise to immed (a), stating the u couse lost,  PART II. OTH	iote couse nderlying DUE TO (c) ER SIGNIFICANT CONDITION SE WAS 200 DE	Internal  SINS CONTRIBUTING TO DEATH BUT  SCR BE HOW INJURY OCCURRED.				Dew Minute  N PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO ST
20c. TIME OF INJUR Hour o m. P m 21. I certify th	Y Month, Doy, Year 4-2 1959	20d INJURY OCCURRED 20e Pi While Not while fo of work of work the remains described of	atout	Hold	Whovo Cotion X. I	(County)  (County)  (State)  (State)  (State)  (State)  (State)  (State)  (State)  (State)  (State)  (State)
ACTUAL SIGNATURE_ EXAMINER'S	awson O. G	George.	_ M D. CHIEF MEDICAL ASSISTANT MED DEPUTY MEDICA	EXAMINER   ICAL EXAMINER   ICAL EXAMINER   ICAL EXAMINER   ICAT ON	(C ly, lown, or co	DATE SIGNED 4/2/58  unty) (Stole)
DUTIA	T 4/ 7/ 78	Ridgely	24- 25	Ridge.		yland
9.8.13	99	10 4 10 mg C 7	Wel . DATE	C'D BY REGISTRAR	118 /	R'S SIGNATURE

2 .Y UALTUR

Vb8 4:.-

TE ALEMAN

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

e. IS RESIDENCE ON A FARM? YES NO 17

IF UNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO IX

> > (State)

DATE SIGNED

(Stote)

(County)

or county)

"that I last saw the deceased

Months

1053

BUREAU Y, E.

OBVISORING ED

ADDRESS

Federalsburg, Md.

24c. REC'D BY REGISTRAR

DATE

APR 1 6 '58

24b. REGISTRAR'S SIGNATURE

VIII A15 (4) 15M 9/55

23. FUNERAL DIRECTÖR'S SIGNATURE

S 'A NVINE

J. JI A9A

15 Vener

ŀ

DEVER 12 1958

### FOR STATE HEALTH DEPT.

Page

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is reserve the certified withing the word "pending" in pending in item. 18. Give Pages 1, 2, and 3 to the funeral pattor. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any eventy-within 72 hours after death. I

VS. A15ME 5M 2/57

de

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

04405 Rea. Dist. No.

		_								
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  o. STATE Maryland b. COUNTY Caroline									
b. CITY OR TOWN (I	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)  Federalsburg									
d. NAME OF HOSPIT Rive:	d. STREET ADDRESS River Road					on a FARM?				
3. NAME OF First DECEASED (Type or print) James			Middle	Wilson	4. DATE Mon				Year 19 58	
5. SEX Male	6. COLOR OR RACE	-	RRIED NEVER MARRIED 8.	About 1906		9. AGE (In years bour 52.	IF UNDE Manths	R TYEAR Doys	Haurs	Min.
during most of worki	ON (Give kind of work on life, even if refired)	lane 10	b. KIND OF BUSINESS ON INDUSTR Canning Factor					CITIZEN OF WHAT COUNTRY U.S.A.		
13. FATHER'S NAME Unic	Unknown									
15. WAS DECEASED EV	/ER IN U. S. ARMED FO (If yes, give war er dates of	RCES?		FORMANT 1rs. Annie H	ill, F	Address ederalsb		Mary	land	
Canditions, if a gave rise to imme (a), sletting the cause last.	diate cause		birus,	Infectio				9	di	12-
PART II. OT HE POST II. OT LE POST III. OT LE	ISF WAS 120		S CONTRIBUTING TO DEATH BUT N				VEN IN PA			AUTOPSY DRMED? NO
CAUSE OF DEATH.  20c. TIME OF INJU	IRY Month, Day, Yes	W	Od. INJURY OCCURRED 20e. PLAC facts  I wark ot work	CE OF INJURY (Home, farm pry, street, office bldg., etc.	m, 20f. (City	or town)	{Ci	ounty)		(State)
21. I certify !		Natura 7	The remains described about a causes . Accident . Differy gr.		Hamicide  XAMINER   CAL EXAMINE	. Undere	, Inqui	manne	er 🗌	signed
220 BURIAL CREMATIC REMOVAL (Specify BUTIAL	April 11	F	70c. NAME OF CEMETERY OR Federal Hill	CREMATORY Cemetery	Fede	ion (City, town,	or cooping)	ryla	nd	te)
J.J. Framp	tom and Son	, Fe	deralsburg, Mary	land DATE	DR 1 4	0	STRAN'S SI	- /		

